

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) Dr. Janis C. Brooks		2. FEC Candidate Identification Number COO510917
(b) Address (number and street) 814 Maple Ave.		
(c) City, State, and ZIP Code N. Versailles, PA 15137		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation Democrat	5. Office Sought Rep./Congress	6. State & District of Candidate PA 14th

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

FRIENDS OF DR. JANIS C. BROOKS

(b) Address (number and street)

PO BOX 414

(c) City, State, and ZIP Code

N. VERSAILLES, PA 15137

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

*Dr. Janis C. Brooks*

Date

10-27-15

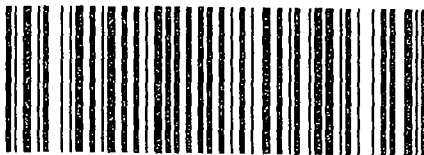
**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Dr. Janis C. Brooks  
814 Maple Ave.  
North Versailles, PA 15137

PLACE STICKER AT  
OF THE RETURN ADDRESS FIELD

**CERTIFIED MAIL**



7015 1520 0000 0629 5025

Ms. Robin Kelly  
Federal Election Commission  
999 E Street N.W.  
Washington, DC 20463

NOVA

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